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sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1,50, Alexandfla, VA 22313- 1450" [37 CFR 1.8(a)] elegtronically filled February 25, 2011		Application Number Filed 10/589,150 July 2, 2007		
on Geografication floor testidady 20, 2011	For WOUND HEALING PROFILE			
Signature // A		Art Unit Examiner		
Typed or printed MICHAEL R. KRAWZSENEK	1632		Valarie E. Bertoglio	
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.				
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I am the				
applicant/inventor.	#	m/	Signature	
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.	MIC	MICHAEL R. KRAWZSENEK		
(Form PTO/SB/96)	Typed or printed name			
attorney or agent of record. 51,898 Registration number	512-	536-3020		
		Telephone number		
attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.	February 25, 2011			
Date				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				

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